



West Des Moines Human Services  
**Client Consent and Release of Information**  
**Authorization Form – Handyman Program**

West Des Moines Human Services is requesting your permission to share information. If authorized by you, your name, address and phone number will be made available to volunteers or service providers who assist West Des Moines Human Services with providing snow removal and yard work services throughout the year. **This authorization shall be applicable and shall not terminate unless requested.**

I understand I may cancel this authorization at any time by forwarding a **written request** to West Des Moines Human Services.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

**Please Print:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**West Des Moines Human Services**  
**P.O. Box 65320 ■ West Des Moines, IA 50265**

**\*\*\*Please call Tami Lage at 222-3664 with any questions\*\*\***

***Mission Statement***

*The mission of the West Des Moines Human Services Department is to provide opportunities for citizens to improve and enhance their quality of life and sense of community through the programs and services available.*